

STABILIZING CHILDREN'S LIVES

Health

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Physical and mental health is critical for children's ability to grow, thrive, and develop. Without good physical and mental health, children will have difficulty learning and engaging in prosocial interactions, affecting other needs including education and relationships. The consequences of poor health are both short and long term in nature. Poor health in early childhood affects early learning, growth, and development, which in turn has implications for future learning and development as well as longer-term health and well-being outcomes—and the importance of early supports to minimize long-term harm is clear. Further, good physical and mental health is closely tied to children's stable access to high-quality supports in other core areas, such as housing, food, safety, relationships, routines, and education and care, as disruptions in any of these needs can contribute to, or result from, instability in children's health.

Children's health must be supported by ensuring their basic needs are met, including making sure they receive preventive health care and regular checkups and get prompt treatment when they are ill. Supporting children's health becomes even more important, and more challenging, for children with complex health needs, such as those born with chronic health problems, significant diagnosable medical, mental health, and developmental conditions, and/or compromised behavioral, developmental, and learning concerns or delays. These children are likely to need even stronger, and more frequent, connections with health networks to support them and their families.

How Does the Larger Economic, Political, and Cultural Context Shape Children's Health?

A family's ability to ensure their children have stable, good health and—in instances of illness or more significant health challenges—affordable access to the quality



CORE NEEDS

ABOUT THIS MEMO

This document illustrates part of a conceptual model (see last page) showing how a child's healthy development depends on the stability of seven core needs. Whether those needs are stably met depends on the actions of key actors, including parents or guardians, who are part of a stabilizing web of supports, which is also shaped by larger contextual forces. For more information, visit <https://www.urban.org/stabilizing-children> to see the conceptual model and documents about each core need and each actor.

health care they need or enlist key actors to help them support their children's health and well-being, is strongly affected by their larger economic, political, and cultural context. This context can not only affect parents' ability to access health supports and meet children's basic needs, but also have a major effect on other actors' ability to support families in this area. Moreover, the effects of social determinants on health—that is, the conditions in the places where people live, learn, work, and play—are all related to health equity and affect every child's ability to achieve their highest level of health. These larger contextual issues together shape what resources families have and challenges they face, whether they can access services and supports from other actors, and the type, quality, and cost of those services and supports—all of which can affect parents' ability to help their children have good health.

Which Actors Can Affect the Stability of Health?

Although health care providers play an essential role in supporting children's health, children's physical and mental health can be affected by many actors, including *parents or guardians, health care providers, education and care providers, family and friends, employers, social service providers, civic and faith organizations, and safety, justice, and law authorities*. Each is described below.



PARENTS OR GUARDIANS

Key mechanisms: direct interactions, information and access

For simplicity, we use the term “parent” to refer to both parents and guardians.

Parents play a central role in supporting children's health, both by working directly to support children's health and meet children's other basic needs, which in turn affect children's health. Parents' efforts to support children's physical health can include trying to provide a balanced, nutritious diet, working to model healthy behavior around exercise and nutrition, taking care of children when they are sick, and working to provide a safe environment free of harm. Parents also play an essential role in supporting children's physical and mental health by having warm and supportive relationships with their children, trying to help them feel safe and secure, and supporting children as they build resilience and face challenges. Notably, as children age, the onus of responsibility for their health gradually shifts from their parents alone to themselves, as they begin to assert their autonomy and take action regarding their health.

A key element of parents' role in supporting children's health is to work with other important actors that play a role in supporting health. This includes, for example, trying to access health professionals for regular check-ups and when medical intervention is necessary, as well as mental and behavioral health professionals if they notice children struggling socially or mentally. It also includes working to maximize the extent to which other actors that can support health (as described below) are part of a stabilizing web. As children age, parents may shift into the role of facilitating information and access to supports as children gradually take on more ownership of their health. Parents' also can support health by working to buffer children from factors that can destabilize their health by engaging in warm, supportive relationships, acting promptly to enlist other supports, and working to foster positive relationships between children and other actors.

Parents may, however, face significant challenges in trying to meet their children's basic need for health. Parents who face their own physical and mental health challenges, or who are struggling with other challenges, may have difficulty meeting their child's basic health needs or providing the positive relationships crucial to children's health.

These challenges may also make it difficult for parents to connect children with the appropriate actors to get the medical care they need or may lead parents to model poor behaviors and attitudes around nutrition, exercise, or smoking.

Additionally, structural issues beyond parents' control can also create significant obstacles in meeting children's health needs. These include, for example, the scarcity of available and affordable quality health care services overall, along with the significant gaps for some populations, such as those in rural areas or children with special needs who need behavioral and mental health professionals. Finally, parents' ability to support children's health is undermined if they are unable to buffer children from outside forces that can lead to poor health. These forces can range from living in communities plagued by violence or contaminated by lead in the paint or water to living in communities that make it challenging to access adequate food (i.e., food deserts) or that are under threat because of racial, ethnic, religious, immigrant, or other identities that face discrimination.



HEALTH CARE PROVIDERS

Key mechanisms: direct interactions, information and access, benefits, control over time

The most obvious role of health care providers is that they can meet children's health needs directly by providing health services or indirectly by making referrals to other health care providers. Appointments with health care providers offer a unique time to address basic health needs (immunizations, check-ups, treatments for illness, and so on) while also assessing other core needs, including children's safety, housing, food, and relationships (all of which are tied more broadly to children's health). For younger children, health care providers primarily work with parents and guardians to ensure children's needs are met. As children grow, health care providers begin to also work with children and young people directly, providing relevant information about health, substance use, reproductive health, mental health, sports, and so on, as well as helping children and their families access necessary services. Health systems can help health care providers meet the needs of families with low incomes and potentially more vulnerable families by supporting providers' ability to take the time needed to do more holistic assessments and providing them with resources to help families. Health systems can also provide free health clinics or accept Medicaid, maintaining hours of operation that make them accessible to families with diverse work schedules, and making their services accessible to parents whose primary language is not English.

Health care providers can, however, find it challenging or miss the opportunity to take steps to stabilize children's health if they do not have a stable, ongoing relationship with their patients. Health care providers may not be allotted sufficient time during appointments or may not have access to the resources or training needed to fully assess instability in other core needs. They may also face service shortages, making referrals problematic. Health care providers can also be part of larger systems that make it more challenging for them to support families with low incomes, who often have the greatest health needs—for example, by not participating in Medicaid, restricting the types of insurance they take, or holding hours of operation that don't accommodate many working families' schedules.



EDUCATION AND CARE PROVIDERS

Key mechanisms: direct interactions, information and access

Education and care providers can directly affect children's health needs by meeting children's other core needs, including food, relationships, routines, safety, and education. By providing children with nutritious food and a cognitively stimulating, safe, and nurturing educational environment, these providers can support children's healthy growth and development. Education and care providers can implement standards around time spent on health-related activities, such as offering recess and physical education regularly. They may also teach kids about healthy attitudes and behaviors and healthy eating habits. They can step in when they notice children struggling physically (e.g., by noticing children who are squinting and referring them for glasses) or mentally/emotionally (e.g., by noticing children who have difficulty making friends or who are abnormally defiant or shy). For children with complex, chronic health conditions or developmental disabilities, these providers may support children's health needs through differentiated instruction and/or thoughtful, developmentally appropriate behavioral interventions and supports. They may also be an access point for programs and people that support children's health such as free and reduced-price breakfast and lunch, summer food service programs, school and intramural sports, and guidance counselors and other mental health professionals. Finally, they can also indirectly affect health by maintaining a clean environment, enforcing health requirements, such as vaccination records and annual check-ups, and providing parents with information and referrals around basic healthy practices in all of these areas.

Education and care providers can also contribute to instability in children's health if they don't or can't meet children's other core needs—a problem that can be shaped by larger systemic challenges around resources, funding, staffing, training, and policies. This includes providing unhealthy food, providing little time for exercise and play, not maintaining a clean environment, or being unable to build a safe, supportive, and educationally stimulating environment. They may also be unable to adapt the learning environment for children with chronic health conditions or developmental disabilities. Education and care providers may also miss an opportunity to stabilize children's health if they are unable to step in when they notice children struggling physically, mentally, or emotionally. Finally, they may also employ harsh or punitive discipline strategies that put children's mental and, in extreme cases, physical health at risk.



FAMILY AND FRIENDS

Key mechanisms: direct interactions, information and access

Like parents, family and friends can stabilize children's health by ensuring children's other needs are met. They may directly support the child by helping them eat a balanced diet, taking them to exercise regularly, and emphasizing the importance of social relationships and mental health. They can also model healthy behavior in all of these areas. Family members can also step in when parents are unable to facilitate access to health professionals by taking children to the doctor, school, or child care, providing money for medical bills, feeding children, maintaining routines, and ensuring that children have strong relationships to rely on. As children age, their peers can also play a role in modeling healthy behavior.

Family and friends can also miss an opportunity to stabilize children's health if they notice a health issue and don't or can't help. They can play a destabilizing role in children's health by modeling unhealthy physical and mental health practices. They may also harm children or put them at risk of harm by engaging in physically or mentally abusive

relationships or exposing children to harmful people. Further, as children grow, their peer networks play an increasingly important role in their health. Peer pressure around behaviors such as smoking, drinking, and risky sexual activities can destabilize children's health.



EMPLOYERS

Key mechanisms: information and access, benefits, income, control over time

Employers can indirectly affect children's health in several ways. For example, providing a livable wage and offering access to affordable health care insurance can directly affect parents' ability to access and afford health care for their children. Benefits like paid parental leave, which allows parents to physically care for new babies, stabilizes young children's healthy growth and development by allowing time for bonding and relationship building. Further, flexible hours and teleworking policies that allow parents to care for sick children or organize children's schedules and routines around child care, school, and doctor's visits help parents consistently meet their children's health needs. These issues and needs are especially intense for parents of children with chronic health conditions or developmental disabilities that require long-term medical attention and care. A positive work environment can also support more positive mental health for parents, improving their ability to support their children.

Parents working for employers who offer low wages, little or no benefits, and/or inconsistent scheduling are likely to find it more challenging to support their children's healthy development, as they are less likely to have the means and benefits to adequately meet their children's health needs. Further, poor job conditions increase parental stress, which may further compromise parents' capacity to meet their children's needs, health and otherwise.



SOCIAL SERVICE PROVIDERS

Key mechanisms: information and access, benefits

Helping families meet their basic needs can have direct and indirect effects on children's health and well-being. For example, social service providers help parents with basic health practices and children's health needs through parenting education or home visiting programs, or they can connect parents with other programs that target child health by making referrals as appropriate. Some programs focus directly on health, such as Medicaid or the Children's Health Insurance Program (CHIP); others conduct developmental screenings for children or are state or local programs focused on health or mental health services. Other programs target other child needs that have implications for children's health, such as nutrition programs (e.g., the Special Supplemental Nutrition Program for Women, Infants, and Children—WIC— or Supplemental Nutrition Assistance Program—SNAP), housing assistance, outreach programs for homeless families or runaway and homeless youth, or youth development programs. Social service providers may also refer parents to health care providers or local community organizations that aim to address children's physical, mental, and social health needs.

However, social service providers may miss an opportunity to stabilize children's health if they don't or can't act to help families whose children are facing health challenges. Yet their ability to do so is strongly shaped by the policy, funding, and system contexts in which they operate, which can result in some workers not being able to spend the time needed with families to correctly identify the child's or family's health issues, some workers not having the knowledge

about health-related resources that may be available to help the family, or there being no services to meet the child's needs when referred. Providers can also affect children's access to services that can stabilize health if their program's eligibility processes create hurdles for families or if the workers do not treat families well when they seek help—both of which can result in families not getting the health services they need.



CIVIC AND FAITH ORGANIZATIONS

Key mechanisms: direct interactions, information and access, benefits

Civic and faith organizations can directly meet children's diverse health needs either through programming or benefits, as well as through messaging and curriculum around healthy behaviors. Some organizations, such as scouting groups or youth mentoring organizations, can offer programming that targets children's physical, mental, and social health, while others, including faith organizations, may focus on children's or parents' emotional, mental, and/or spiritual health specifically. These organizations may also connect parents with resources and other community organizations that help parents meet children's health needs, especially in the face of instability.

However, civic and faith organizations can miss an opportunity to help stabilize health if they do not provide a safe community for parents and children or don't or can't provide health-related services or referrals in the face of visible health issues. Exclusionary rules or monetary dues may keep some families with low incomes from participating or having their children participate, potentially making it harder for families who face the greatest challenges to access health-related services and supports their children might need.



SAFETY, JUSTICE, AND LAW AUTHORITIES

Key mechanisms: direct interactions, information and access

Safety, justice, and law authorities can stabilize children's health through their actions to support children's need for safety, as well as support basic standards of health and safety in their environment. Helping children be physically and mentally safe in their schools, communities, and homes supports children's physical and mental health. In some instances, these authorities' programming also provides older children with information around risky and dangerous health behaviors such as drug and alcohol usage, and resource officers in schools may facilitate referrals to other services for children in need. Further, enforcing health and safety standards in the child's environment, whether through ensuring standards in child care programs or supporting the quality of housing or food through regulations, can also support children's health.

However, the absence of safety, justice, and law authorities in communities and schools that may otherwise be dangerous can affect children's health by failing to provide a safe environment for children to learn, grow, and thrive. For example, schools that don't provide crossing guards on nearby busy streets or agencies that fail to enforce health and safety regulations (such as child care licensing standards or housing codes) can destabilize children's health. These authorities may also contribute to mental health challenges if there are no established safeguards for children when arresting or detaining parents, or if the safeguards aren't followed, or if they use excessive force in front of children or on children themselves. Finally, in communities where law enforcement has become associated with excessive force

or issues such as deportation of undocumented immigrants, safety, justice, and law authorities can be seen as threatening to children's core needs of safety and stable relationships, which can then undermine their physical and mental health.

Selected Resources

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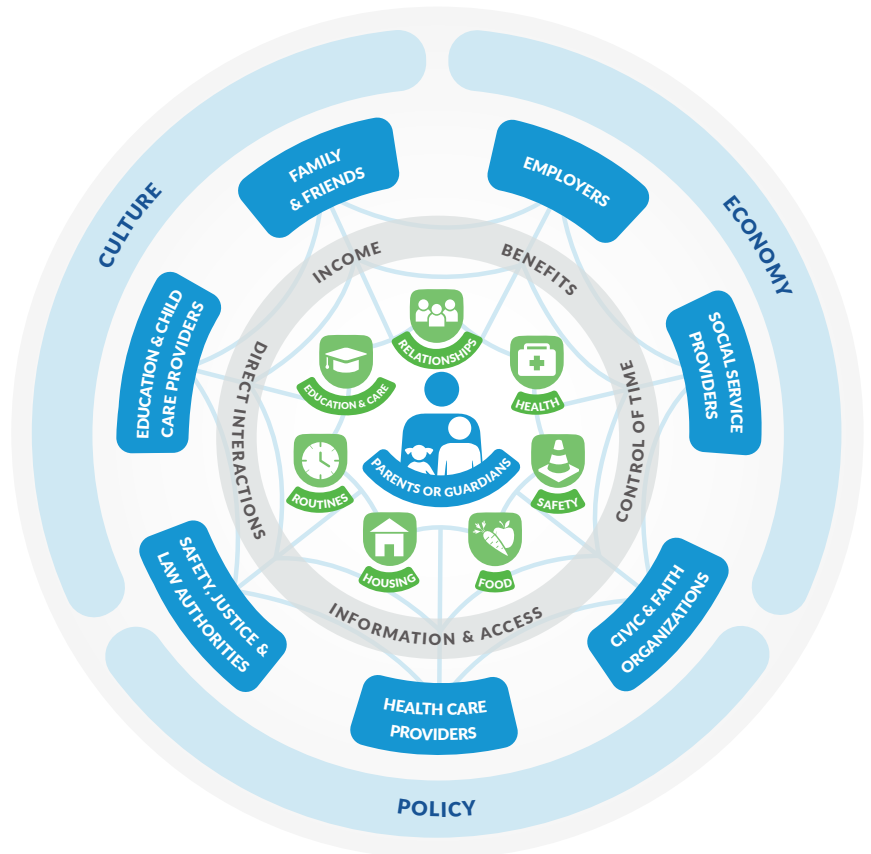
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Stabilizing Children’s Lives—A Web of Stabilizing Supports

Stability in children’s environments, relationships, and basic needs being met is critical for their healthy development and well-being. Instability—defined as the experience of abrupt and/or involuntary change in individual, family, or community circumstances—can create significant barriers to meeting these foundational needs, particularly if the disruption is negative, frequent, or not buffered by an adult. The extent to which children experience instability is related to the actions of various **actors**, with **parents and guardians** primary among them, who together play an important role in the stability of meeting children’s **core needs** and can buffer children from instability through different **mechanisms**. However, all relationships and interactions demonstrated in the model, and the ability of different actors to actively support stability in meeting children’s core needs, are shaped by the greater contexts of the **economy, policy, and culture**. Finally, the model’s different elements are highly **interconnected**, as they are all part of the child’s **web of stabilizing supports**.

For more information, visit <https://www.urban.org/stabilizing-children> to see the conceptual model and documents about each core need and each actor.



CORE NEEDS

All children need stability in three core areas: **relationships** with at least one loving, caring adult, access to basic resources (**food, health, housing, education**), and daily life (**routine, safety**). The **parent or guardian** directly or indirectly helps children access most core needs and serves as a child’s central buffer against stress and instability.

MECHANISMS

Children’s core needs can be stabilized or destabilized through different mechanisms, or the ways in which different actors affect core needs. Key mechanisms include **income, benefits, direct interactions, information and access, and control over time**.

ACTORS

Although **parents or guardians** are the central actors affecting a child’s core needs, other actors can affect the stability of these needs being met through mechanisms that affect children directly, or indirectly through parents. Key actors include but are not limited to **employers; social service providers; health care providers; civic and faith organizations, safety, justice, and law authorities; education and child care providers; and family and friends**.

CONTEXT

The ways in which actors in the model affect children’s core needs are shaped by the **cultural, economic, and political** climate in which all actors live. These overlapping contexts affect what resources families have,

how they spend their time and with whom they spend it, their communities, what services and supports they have access to from other actors, and the quality of those services and supports—all of which can be stabilizing or destabilizing for children. These contextual factors also shape the ability of key actors to support stability in children’s lives.

THE WEB OF INTERCONNECTIONS

All actors and core needs in the cycle of family stability are interrelated, as illustrated by the **web** in the model. The impact of one actor on a child’s life can not only affect the stability of a child’s core needs being met, but can also reverberate back out and affect the stability of that child’s relationship with another actor. Moreover, the stability of any given core need can affect the stability of other core needs.

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